CHAPTER 77

REHABILITATIVE SERVICES

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SUBCHAPTERS 5 AND 6 (RESERVED)

SUBCHAPTER 7. CENTERS FOR MEDICARE & MEDICAID SERVICES HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

SUBCHAPTER 1. GENERAL PROVISIONS

10:77-1.1 Purpose and scope

(a) This chapter is concerned with the provision of, and reimbursement for, medically necessary Medicaid-covered and NJ FamilyCare fee-for-service covered rehabilitative services, specifically, environmental lead inspection services and mental health rehabilitation services for children/youth and young adults, in accordance with the New Jersey Medicaid and NJ FamilyCare fee-for-service program rules.

(b) Medically necessary services shall meet all applicable State and Federal Medicaid and NJ FamilyCare laws, and all applicable rules as specified in the appropriate provider services manual of the New Jersey Medicaid/NJ FamilyCare program.

(c) The chapter is divided into seven subchapters and an appendix, as follows:

1. N.J.A.C. 10:77-1 contains general provisions to rehabilitative services, including introductory general provisions and general definitions;
2. N.J.A.C. 10:77-2 contains definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific Medicaid-covered and NJ FamilyCare-Plan A-covered rehabilitative service: environmental lead inspection service;
3. N.J.A.C. 10:77-3 contains definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific mental health rehabilitation services provided in psychiatric community residences for youth, group homes or residential child care facilities, available only to:
   i. Children covered under Medicaid/NJ FamilyCare-Plan A;
   ii. Children covered under NJ FamilyCare-Plan B, C or D who are also enrolled in the Partnership for Children (PFC); and
   iii. Children who are eligible for Medicaid or NJ FamilyCare and who are enrolled in the PFC only;
4. N.J.A.C. 10:77-4 contains definitions, provisions for provider participation, basis for reimbursement, policies and procedures and recordkeeping requirements pertaining to the specific Medicaid/NJ FamilyCare- covered mental health rehabilitation service of behavioral assistance services available only to:
   i. Children covered under Medicaid/NJ FamilyCare-Plan A;
   ii. Children covered under NJ FamilyCare-Plan B, C or D who are also enrolled in the Partnership for Children (PFC); and
   iii. Children who are ineligible for Medicaid or NJ FamilyCare-Plan B, C and D and who are enrolled in the PFC only.
5. N.J.A.C. 10:77-5 is reserved. Once adopted, this subchapter will contain the definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific Medicaid/NJ

FamilyCare-covered mental health rehabilitation service of intensive in-community services; available only to:

i. Children covered under Medicaid/NJ FamilyCare-Plan A;

ii. Children covered under NJ FamilyCare-Plan B, C or D who are also enrolled in the Partnership for Children (PFC); and

iii. Children who are ineligible for Medicaid or NJ FamilyCare-Plan B, C and D and who are enrolled in the PFC only.

6. N.J.A.C. 10:77-6 is reserved. Once adopted, this subchapter will contain the definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific Medicaid/NJ FamilyCare-covered mental health rehabilitation service of mobile response and stabilization services available only to:

i. Children covered under Medicaid/NJ FamilyCare-Plan A;

ii. Children covered under NJ FamilyCare-Plan B, C or D who are also enrolled in the Partnership for Children (PFC); and

iii. Children who are ineligible for Medicaid or NJ FamilyCare-Plan B, C and D and who are enrolled in the PFC only.

7. N.J.A.C. 10:77-7 pertains to the Centers for Medicare and Medicaid Services' Healthcare Common Procedure Coding System (HCPCS). The HCPCS contain procedure codes and maximum fee allowances corresponding to the Medicaid/NJ FamilyCare and PFC reimbursable services of this chapter; and

8. The chapter Appendix pertains to the Fiscal Agent Billing Supplement. The Fiscal Agent Billing Supplement contains billing instructions and samples of forms (claim forms, prior authorization forms, and consent forms) used in the billing process.

10:77-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context indicates otherwise.

"Care management organization" (CMO) means an independent, community-based organization that combines advocacy, service planning and delivery, and care coordination into a single, integrated, cross-system process, in order to assess, design, implement and manage child-centered and family-focused individual service plans (ISPs) for children, youth and young adults whose needs require intensive care management techniques that cross multiple service systems. See N.J.A.C. 10:73.

"Child" means a Medicaid beneficiary under 21 years of age, or a NJ FamilyCare beneficiary under 19 years of age, or a child enrolled in the Children's System of Care Initiative who is not a Medicaid/NJ FamilyCare beneficiary, but who is under 21 years of age.

"Contracted system administrator" (CSA) means an administrative organization contracted by, and serving as an agent of, the Department of Human Services to

provide administrative services to support the development, management and implement the Partnership for Children.

"County Case Assessment Resource Team" (CART) means a team which is part of a county-based interagency system of individual case planning and service system development. This multi-disciplinary team reviews cases of children with emotional or behavioral disturbances, who are placed residentially, or at risk of psychiatric hospitalization, to determine if a community-based placement is more appropriate. The CART also promotes partnerships with parents, advocates across all child-serving systems and coordinate services.

"Division" means the Division of Medical Assistance and Health Services (DMAHS) within the New Jersey Department of Human Services.

"NJ FamilyCare" means the health insurance coverage program administered by DMAHS under the provisions of Title XIX and Title XXI of the Social Security Act, in accordance with N.J.A.C. 10:49, 10:78, and any other applicable rules of the Division.

"Partnership for Children" (PFC) means the Department of Human Services initiative, formerly known as the Children's System of Care Initiative (CSOCI), which was developed to provide a comprehensive approach to the treatment of emotional/mental/behavioral disturbances in children, youth and young adults.

"Rehabilitative service" is an optional service which a state may define to include (pursuant to 42 C.F.R. 440.130) medical or remedial services recommended by a physician or other licensed practitioner within the scope of practice under State law.

"Young adult" means an individual, at least 18 years of age and under 21 years of age, who had been receiving mental/behavioral health services under the Partnership for Children prior to becoming 18 years of age, or who is currently receiving services in the child-serving system and who demonstrates a clinical need for the continuation of such services as part of the process of transitioning into the adult service system.

END OF SUBCHAPTER 1

SUBCHAPTER 2. ENVIRONMENTAL LEAD INSPECTION SERVICES

10:77-2.1 Scope of services

This subchapter describes the New Jersey Medicaid and NJ FamilyCare-Plan A program's provisions specifically pertaining to the rehabilitative service: environmental lead inspection services.

10:77-2.2 Environmental lead inspection service definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Certified lead inspector/risk assessor" means one who is hired by the local health department and certified by the State Department of Health and Senior Services in accordance with N.J.A.C. 8:62 to conduct an epidemiologic investigation in order to find lead sources.

"Elevated blood lead level" means an excess of lead in the bloodstream as defined in N.J.A.C. 8:44 and 8:44A.

"Environmental lead inspection service" means an epidemiologic investigation by a certified lead inspector/risk assessor in order to identify lead sources in the primary residence of a child who is a Medicaid beneficiary and who is determined to have an elevated blood lead level.

"High risk" means a child whose history is positive for one or more of the following criteria in assessing his or her risk of high-dose exposure to lead:

1. Lives in a house built before 1960 with peeling or chipping paint;
2. Lives in a house built before 1960 with recent, ongoing, or planned renovation or remodelling;
3. Has a brother, sister, or housemate being followed or treated for lead poisoning (that is, blood lead >15 <micro>g/dL); and/or
4. Lives with an adult whose occupation or hobby involves exposure to lead.

"Local health department" (LHD) means the board of health of any municipality or the boards, bodies or officers in such municipality lawfully exercising any of the powers of a local board of health under the laws governing such municipality, and includes any consolidated local board of health or county local board of health created and established pursuant to N.J.S.A. 26:1A-1.

"Screening" means applying detection techniques and performing tests to assess the origins and extent of lead sources in the child's primary residence.

10:77-2.3 Provider participation requirements

(a) Requirements for a provider to participate in environmental lead inspection services shall be as follows:

1. An applicant shall be a local health department (LHD);

2. Local health departments (LHD) shall enroll and be approved by the New Jersey Medicaid/NJ FamilyCare programs specifically for reimbursement for this service, including LHD's previously approved as Medicaid/NJ FamilyCare independent clinic providers;

3. Local health departments wishing to enroll as a Medicaid/NJ FamilyCare-participating provider for environmental lead inspection services shall complete and submit a provider application packet pursuant to N.J.A.C. 10:49-3.2;

i. The completed application packet shall be submitted to:

Division of Medical Assistance and Health Services
Office of Provider Enrollment
Mail Code #9
PO Box 712
Trenton, New Jersey 08625-0712

ii. The applicant shall receive written notification of approval or disapproval of its provider status. If approved, the applicant shall be assigned a Medicaid/NJ FamilyCare Provider Number and shall receive a packet which contains a Medicaid/NJ FamilyCare Provider Manual (N.J.A.C. 10:77) and the Fiscal Agent Billing Supplement (FABS);

iii. Upon approval as a Medicaid/NJ FamilyCare provider, the LHD will also conform to all the provisions of N.J.A.C. 10:49.

10:77-2.4 Environmental lead inspection services

(a) All Medicaid/NJ FamilyCare-Plan A beneficiaries up to six years of age and older children who are considered as "high risk" for lead poisoning, shall be screened for such through venous or capillary blood tests. When the initial test is a capillary blood test indicating an elevated blood lead level, the findings shall be confirmed by a venous sample.

1. Pursuant to N.J.A.C. 8:44-2.11, clinical laboratories are required to report to the New Jersey Department of Health and Senior Services (DHSS) the results of all lead screenings;

2. The DHSS, in turn, through the "Environmental Investigation and Abatement Report Form" (AP-6), will notify the appropriate LHD of the need to conduct an environmental lead inspection of the child's primary residence;

3. The LHD shall have a certified lead inspector/risk assessor conduct an epidemiologic investigation of the Medicaid/NJ FamilyCare-Plan A beneficiary's primary residence in order to locate existing lead sources.

(b) To be reimbursable as a rehabilitative service, the LHD's epidemiologic investigation to locate the source contaminants shall meet the following requirements:

1. The rehabilitative service-environmental lead inspection service shall be provided by LHDs and performed by certified lead inspectors/risk assessors whose certification shall be designated as a certified lead inspector/ risk assessor;
2. The inspections shall be an on-site investigation of the child's primary residence for the source(s) of lead contamination; and
3. The inspection/investigation shall include simple tests designed to locate lead sources and easily performed by the "certified lead inspector/risk assessor" on site.

i. Laboratory testing and analysis of substances such as water and paint shall not be included as reimbursable environmental lead inspection services.

(c) When the initial inspection results in a recommendation for remedial action, a reinspection to determine if the lead hazard has been eliminated may be reimbursed.

1. Should the reinspection result in finding a still-existing lead hazard, then a second reinspection may be reimbursed.
2. A maximum of two reinspections may be reimbursable.

10:77-2.5 Basis for reimbursement

(a) The reimbursement for rehabilitative service--environmental lead inspection service shall be based on the provider's usual and customary charge or the maximum fee allowance as contained in N.J.A.C. 10:77-4.2(a), whichever is less.

(b) The service shall meet the following conditions:

1. The service shall be performed by a certified lead inspector/risk assessor, meaning one who is hired and certified by the State Department of Health and Senior Services to conduct epidemiologic investigations in order to find lead sources;
2. The service shall be provided in the primary residences of Medicaid/NJ FamilyCare-Plan A beneficiaries who are children identified as having elevated blood lead levels; and
3. The child(ren) shall have been referred by the New Jersey State Department of Health and Senior Services (DHSS).

(c) Only claims for Medicaid/NJ FamilyCare-Plan A-eligible individuals referred through the DHSS to the LHDs can be considered for reimbursement by the Medicaid/NJ FamilyCare program.

1. The provider shall request the beneficiary's Medicaid/NJ FamilyCare-Plan A Eligibility Identification Card and verify Medicaid/ NJ FamilyCare-Plan A eligibility for the date of service before submitting a claim to the Medicaid/NJ FamilyCare program.
2. The provider may verify Medicaid/NJ FamilyCare eligibility status of an individual by calling the "Recipient Eligibility Verification System" (REVS) at 1-(800) 676-6562, which

will give a recorded message asking for the Medicaid beneficiary's correct name, the Medicaid/NJ FamilyCare Eligibility Identification (MEI) number, and/or the Social Security Number, as well as the Medicaid/NJ FamilyCare Provider Billing Number and the date of service.

(d) A claim for environmental lead inspection shall be submitted on a CMS 1500 claim form to Unisys, the Medicaid/NJ FamilyCare fiscal agent at the following address:

Unisys
PO Box 4808
Trenton, New Jersey 08650-4808

1. Claims shall include a procedure code(s) (HCPCS) reflecting the service(s) provided and the corresponding fee for the service(s).
2. Upon receipt of the CMS 1500 claim form, the Medicaid/NJ FamilyCare fiscal agent will process the claim and reimburse the LHD the Federal share (50 percent for Medicaid and 65 percent for certain NJ FamilyCare-Plan A beneficiaries) of the amount approved by Medicaid/ NJ FamilyCare (N.J.A.C. 10:77-4), the remaining cost of this mandated service, as specified in N.J.A.C. 8:13, being the responsibility of the LHD.

10:77-2.6 Recordkeeping

(a) All LHDs shall keep such legible records as are necessary to fully disclose the kind and extent of services provided, as well as the necessity for such services and the place, date, and time the services were provided.

(b) The minimum recordkeeping requirements for LHDs performing environmental lead inspections shall be a completed copy of the "Environmental Investigation and Report Form" (AP-6).

1. A copy of the completed form (AP-6) for each Medicaid/NJ FamilyCare-Plan A beneficiary shall be sent quarterly to the following address:

Chief Pediatric Consultant
Division of Medical Assistance and Health Services
PO Box 712, Mail Code #17
Trenton, NJ 08625-0712

(c) All required recordkeeping documents shall be made available, upon request, to the New Jersey Medicaid/NJ FamilyCare program or its agents.

END OF SUBCHAPTER 2

SUBCHAPTER 3. MENTAL HEALTH REHABILITATION SERVICES FOR CHILDREN

10:77-3.1 Scope of services

This subchapter sets forth the New Jersey Medicaid/NJ FamilyCare and Children's System of Care Initiative (CSOCI) programs' provisions pertaining to mental health rehabilitation services for children.

10:77-3.2 Definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Child," as defined for the purposes of mental health services provided as part of the Children's System of Care Initiative, means an individual under the age of 21.

"Children's group homes" means facilities licensed by the Division of Youth and Family Services that meet the requirements of N.J.A.C. 10:127, and provide mental health rehabilitation services.

"Children's System of Care Initiative (CSOCI)" means the initiative developed by the Department of Human Services to provide a comprehensive approach to the treatment of emotional and/or behavioral disturbances in children, adolescents and young adults up to the age of 21.

"Contract pricing" means each facility shall have an individual rate based on the rate in the contract negotiated by either the Division of Mental Health Services or the Division of Youth and Family Services.

"Discharged" means that the child, adolescent or young adult receiving mental health rehabilitation services has been permanently discharged home or to another treatment facility. "Discharged" does not mean temporary absences from a facility due to therapeutic or hospital leave.

"Hospital leave" means temporary absence from the facility providing mental health rehabilitation services for the treatment of an acute medical or mental health condition.

"Mental health rehabilitation services" means psychiatric and psychological services, including emotional and/or behavioral treatment, drug and alcohol dependency treatment, psychiatric treatment, psychotherapy and related nursing services.

"Psychiatric community residences for youth" means facilities licensed by the Division of Mental Health Services in accordance with N.J.A.C. 10:37B that provide mental health rehabilitation services.

"Regional area" means one of four possible geographic provider groupings. Providers are assigned to a regional area depending on the county in which the facility is located.

1. Northern: Bergen, Hudson, Morris, Passaic, Sussex and Warren
2. Metropolitan: Essex, Middlesex and Union
3. Central: Hunterdon, Mercer, Monmouth, Ocean and Somerset
4. Southern: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem

"Residential child care facilities" means facilities licensed by the Division of Youth and Family Services in accordance with N.J.A.C. 10:128 that provide mental health rehabilitation services.

"Temporary absence" means an absence from the facility of more than 24 hours, starting and ending at midnight.

"Therapeutic leave" means that a resident of a facility providing mental health rehabilitation services is absent from the facility for therapeutic reasons. Reasons for such absences may include, but are not limited to, visits with parents or caregivers, attendance at a residential camp, or residence in a temporary shelter.

10:77-3.3 Provider participation requirements

(a) Requirements for participation as a mental health rehabilitation provider shall be as follows:

1. An applicant shall be licensed by the Division of Mental Health Services in accordance with N.J.A.C. 10:37B or by the Division of Youth and Family Services in accordance with N.J.A.C. 10:127 or 10:128 and shall be providing eligible mental health rehabilitation services.
2. A psychiatric community residence for youth or any other provider that is not currently enrolled as a provider of mental health personal care services by the Division of Mental Health Services in accordance with N.J.A.C. 10:37B, or by the Division of Youth and Family Services in accordance with N.J.A.C. 10:127 or 10:128, shall also enroll as a mental health rehabilitation provider.
3. All applicants shall complete and submit a provider application, including a copy of their license, to:

Division of Medical Assistance and Health Services
Office of Provider Enrollment, Mail Code #9
PO Box 712
Trenton, New Jersey 08625-0712

i. The applicant shall receive written notification of approval or disapproval of its

provider status. If approved, the applicant shall be assigned a Provider Number, and shall receive a copy of this chapter.

ii. Upon approval as a Medicaid/NJ FamilyCare provider, the provider shall conform to all the provisions of N.J.A.C. 10:49.

4. A provider is required to enroll each site at which services are provided and obtain a separate provider number for each site.

10:77-3.4 Eligibility for services

(a) The Division shall consider claims for Medicaid/NJ FamilyCare-Plan A- eligible individuals, children enrolled in NJ FamilyCare-Plans B, C or D who are also enrolled in the Children's System of Care Initiative (CSOCI), and children who are ineligible for Medicaid/NJ FamilyCare, but who are enrolled in the CSOCI. Children eligible as "medically needy" in accordance with N.J.A.C. 10:71 shall not be eligible for mental health rehabilitation services for children or youth.

(b) Children are eligible for services under this subchapter if they have been determined clinically necessary using the criteria established by contracts administered by the Division of Youth and Family Services or the Division of Mental Health Services, or have been prior authorized by the Division of Medical Assistance and Health Services, or any contracted agent of the Department used to authorize the clinical need for these services.

10:77-3.5 Mental health rehabilitation services for youth

(a) Mental health rehabilitation services for youth shall include the psychiatric and psychological services, including emotional and/or behavioral treatment, drug and alcohol dependency treatment, psychiatric treatment, psychotherapy, and related nursing services, provided by the mental health rehabilitation provider.

1. All services shall meet the requirements specific to provider type as defined in N.J.A.C. 10:37B, Psychiatric Community Residences for Youth, N.J.A.C. 10:127, Residential Child Care Facilities, and N.J.A.C. 10:128, Children's Group Homes.

2. All providers shall also meet the requirements of N.J.A.C. 10:49.

3. All mental health rehabilitation services provided by psychiatric community residences for youth, group homes or residential child care facilities shall meet the referral requirements of their respective licensing division.

4. All mental health rehabilitation services shall be provided directly by facility staff or under the direction or coordination of facility staff.

10:77-3.6 Basis of reimbursement for mental health rehabilitation services provided by psychiatric community residences for youth, group homes or residential child care facilities

(a) The reimbursement for mental health rehabilitation services for a psychiatric community residence for youth, a residential child care facility or group home shall be

based on reasonable, negotiated, contracted costs as defined in the Department of Human Services' Contract Reimbursement Manual and the Contract Policy and Information Manual. Providers have access to these manuals as indicated at N.J.A.C. 10:3-3.3(e)12.

1. These rates shall not be adjusted in the provider's current contract year except for Department-approved adjustments that would otherwise have been provided for under the terms of the existing contracts if Medicaid/NJ FamilyCare reimbursement for these services had not occurred, such as scheduled cost-of-living adjustments.

2. The total amount reimbursed by the Division, including room and board, shall be based on the approved negotiated contracted rates each provider receives under contract with the Division of Mental Health Services or the Division of Youth and Family Services, with any approved Departmental adjustment.

3. All facilities, under their contract, will receive at least a minimum per diem reimbursement rate of $155.00, provided that they meet all other contractual and rule requirements.

4. This negotiated rate for DMAHS reimbursement purposes shall be divided into two rates, one for the Title XIX Federally reimbursable therapeutic services, and one for the non-reimbursable Title XIX services. Non- reimbursable services shall include, but shall not be limited to, such costs as personal needs allowances, other non-rehabilitative services, and the cost of room and board.

i. Reimbursement for clothing that is required as a part of a treatment regimen and included in the plan of care shall be included in the reasonable costs.

ii. Reimbursement for transportation for medically necessary purposes shall be included in the Title XIX reimbursable per diem rates. Transportation costs related to meetings and conferences will be included in the Title XIX reimbursable per diem rates when the primary purpose of such meetings and conferences is the dissemination of information for the advancement of patient care or efficient operation of the facility.

iii. The non-Title XIX reimbursable transportation shall be included in the non-reimbursable HCPCS. The cost of non-patient related travel, such as commuting, shall be included in the non-Title XIX reimbursable costs.

5. To establish the rates for these two HCPCS, the Division shall use the following Federally approved methodology, that results in a percentage to determine the amount that is non-Title XIX Federally reimbursable. The figure that results from this methodology shall be developed for each class of provider and then applied to each provider within the class.

i. The amount of reimbursement for room and board will be determined from an analysis of the per diem rates as follows: The costs of all the providers in each provider group in the selected regional area shall be analyzed to determine the percentage of each provider's total costs that are used to cover room and board and the percentage of the total cost that is used to cover the therapeutic services. The median percentage factor may vary depending on the provider group a provider belongs to.

ii. The median percentage for contracted room and board expenditures in relation to

total operating expenditures shall be applied to each provider's rates to separately determine the reimbursement rates for the therapeutic HCPCS and room and board HCPCS procedure codes.

iii. Each year, on a rotating basis, a different regional area of the State shall be used to determine the median percentage for each provider group for room and board services and for therapeutic services.

iv. If a regional area contains too few provider groupings to use the median-based methodology, reimbursement for room and board will be computed for each individual facility, based on the actual costs for the facility.

Example: When applied in the selected region of the State, the methodology determines that the non-Title XIX reimbursable costs (room and board) are 20 percent for Provider Type A. Based on this determination, for provider A, whose current negotiated per diem is $200.00, the rate for the Title XIX reimbursable HCPCS (therapeutic services) shall be $160.00 ($200.00 less (200 x .20)). The reimbursement for the non-Title XIX services shall be $40.00.

For provider B, who is the same provider type as provider A, but whose current negotiated per diem is $160.00, the rate for

facility due to a hospital or therapeutic leave for periods of up to 14 continuous days per episode. If the beneficiary is present in the facility for any part of the day, beginning and ending at midnight, the HCPCS procedure codes for a day of service shall be used for that day. (See N.J.A.C. 10:77- 4.2(b)).

10:77-3.8 Conflict with personal care services

A provider shall not claim reimbursement for mental health personal care services and mental health rehabilitation services for the same child for the same day of service.

10:77-3.9 Recordkeeping

(a) All community psychiatric residences for youth, residential child care facilities, and group homes shall keep such legible records as are necessary to fully disclose the kind and extent of services, as well as the medical necessity for such services, and the place, date, and the amount of time the services were provided.

(b) All recordkeeping documents required by (a) above shall be made available, upon request, to the Division or its agents.

END OF SUBCHAPTER 3

SUBCHAPTER 4. BEHAVIORAL ASSISTANCE SERVICES FOR CHILDREN/YOUTH OR YOUNG ADULTS ENROLLED IN THE PARTNERSHIP FOR CHILDREN

10:77-4.1 Purpose and scope

(a) This subchapter sets forth the manner in which behavioral assistance services shall be provided to eligible Medicaid/NJ FamilyCare and Partnership for Children (PFC) beneficiaries under age 21.

(b) Behavioral assistance services shall be provided and administered in a manner consistent with Department of Human Services (DHS) rules and contract requirements. If a conflict arises between the contract requirements and any existing provider rules, the terms set forth in the DHS contract shall prevail.

10:77-4.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context indicates otherwise:

"Behavioral assistance services" means concrete, outcome-oriented interventions that are components of a written, detailed plan of care prepared by a licensed behavioral healthcare practitioner, and authorized by the CSA or other DHS-designated agency, which includes an evaluation of the identified behavior(s) which includes recommendations for specific interventions with definable outcomes and strategies with the goal of restoring, rehabilitating or maintaining the child/youth or young adult's capacity to successfully function in the community and diminish the need for a more intensive level of care.

"Family support organization" (FSO) means an independent community based organization providing services through a contract with the Department in affiliation with the New Jersey Parents Caucus--Family Connections. The FSOs are comprised of family members who are involved or have been involved in the system of children's mental health services and who provide direct peer support and advocacy to children and families entering the Partnership for Children.

10:77-4.3 Provider participation

(a) Providers of behavioral assistance services shall be providers that are licensed in New Jersey to provide medical/mental health services, a medical/mental health practice or other service provider that includes the appropriate licensed practitioners who can provide, or supervise the provision of, services. Examples of provider agencies include, but are not limited to, acute care or psychiatric hospitals, Joint Committee on Accreditation of Healthcare Organizations (JCAHO)-accredited residential treatment centers, licensed group homes or child care residential providers, psychiatric community

residences for youth, home health agencies, mental health clinics or any other licensed clinic, Federally Qualified Health Centers, or other entities licensed by a New Jersey government agency to provide physical or mental/behavioral health services in New Jersey.

(b) Individual group practices or other individual service provider entities rendering behavioral assistance services shall employ at least one of the following licensed practitioners who can provide the service directly or supervise the provision of services:

1. Psychiatrist (N.J.A.C. 13:35);
2. Psychologist (N.J.A.C. 13:42);
3. Advance Practice Nurse (mental health) (N.J.A.C. 13:37);
4. Licensed Clinical Social Worker (N.J.A.C. 13:44G); or
5. A professional licensed in accordance with the Board of Marriage and Family Therapy Examiners (N.J.A.C. 13:34) including, but not limited to:
   i. A Licensed Marriage and Family Therapist (N.J.A.C. 13:34-4);
   ii. A Licensed Professional Counselor (N.J.A.C. 13:34-11 or 12);
   iii. A Clinical Mental Health Counselor (N.J.A.C. 13:34-14); or
   iv. A Rehabilitation Counselor (N.J.A.C. 13:34-21 or 22).

(c) Agencies providing behavioral assistance services shall have demonstrated experience, or shall employ sufficient staff with demonstrated experience of, providing services to children with serious emotional/behavioral disturbances and their families, including, but not limited to, appropriate qualifications and training to provide behavioral assistance in the context of other presenting problems. All agencies shall first be certified by the DHS' Partnership for Children as meeting these criteria prior to being enrolled as a Medicaid/NJ FamilyCare provider.

(d) Provider entities shall employ appropriate staff necessary to provide administrative oversight, clinical supervision, management, plan development, evaluation and monitoring requirements.

(e) All providers of behavioral assistance services shall be enrolled in the New Jersey Medicaid/NJ FamilyCare fee-for-service program as a provider of behavioral assistance services. Providers enrolled in the NJ Medicaid/NJ FamilyCare fee-for-service program as any other provider type shall submit a separate application and shall first be approved as a provider of behavioral assistance services by the DHS Partnership for Children prior to receiving reimbursement for rendering these services.

(f) All applicants shall submit a completed Medicaid provider application to:

Department of Human Services
PO Box 700

Trenton, NJ 08625-0700
Attn: Partnership for Children Director

(g) The applicant shall include a current and valid copy of their license(s) with the provider application.

(h) If a behavioral assistance provider loses their license, and is unable to provide services, the provider shall notify the Department of Human Services, at the address in (f) above, within 10 business days of losing the license.

1. The provider will be disenrolled as a Medicaid/NJ FamilyCare provider until such time as the license is restored. Once the provider's license is restored, the provider will be reinstated as a Medicaid/NJ FamilyCare provider as long as any and all applicable licensure requirements and the requirements of this chapter are met and continue to be met.

(i) The applicant will receive written notification of approval or disapproval of provider status. If approved, the applicant will be assigned a provider number and will receive a copy of the Medicaid/NJ FamilyCare provider manual for Rehabilitative Services. The manual will include N.J.A.C. 10:49 (the DMAHS Administration Manual), N.J.A.C. 10:77 (Rehabilitative Services), relevant non-regulatory information and the fiscal agent billing supplement.

(j) Upon approval as a Medicaid/NJ FamilyCare provider, the provider shall conform to all the requirements of N.J.A.C. 10:49 and this subchapter.

10:77-4.4 Beneficiary eligibility

(a) Children/youth/young adults shall be eligible to receive behavioral assistance services if they are:

1. Enrolled in Medicaid/NJ FamilyCare-Plan A;
2. Enrolled in any other NJ FamilyCare plan and are also enrolled in the Partnership for Children (PFC); or
3. Enrolled in the Partnership for Children, but are not eligible for Medicaid/NJ FamilyCare.

(b) Children/youth and young adults shall be eligible for behavioral assistance services if the services have been determined clinically necessary by the Division of Mental Health Services (DMHS), the Division of Youth and Family Services (DYFS), the Division of Medical Assistance and Health Services (DMAHS), the contracted system administrator (CSA), or any contracted and authorized agent of the Department of Human Services which authorizes the clinical need for these services.

10:77-4.5 Beneficiary rights

(a) Any provider entity providing behavioral assistance shall demonstrate regard for the rights of the child, youth or young adult, their families and/or caregivers to exercise choice and to receive culturally appropriate, integrated, coordinated and carefully monitored services in the least restrictive setting appropriate to their individual needs.

(b) The provider entity shall deliver services in a manner that includes the beneficiary, primary caregiver, legal guardian and family support organization (FSO) representative in service planning and permits the maximum freedom of choice by the beneficiary in all areas of their lives, where possible, including, but not limited to:

1. Fully informing the child/youth or young adult and his or her parent/caregiver of all service options, and the benefits of these options; and
2. Allowing the child/youth or young adult and/or his or her parent/caregiver to make all possible decisions with regard to their lives, being appropriately advised of the expected benefits and possible consequences of those decisions.

(c) The agency shall inform each beneficiary, legal guardian, and primary caregiver, as applicable, of their rights and of the responsibilities of the agency in a language or format that is understood by the child/youth or young adult and his or her primary caregiver and legal guardian.

10:77-4.6 Program description

(a) Behavioral assistance shall be delivered in accordance with a plan of care approved by the Department or its designated agent, which has been prepared by the responsible case management function, including, but not limited to, the care management organization, the contracted systems administrator, mobile response agencies and the County Assessment and Resource Teams.

(b) Behavioral assistance is a dynamic process of intervention and ongoing evaluation resulting in effective modification of the identified behavior(s). Behavioral assistance shall be delivered in accordance with an individualized behavioral intervention plan that is based upon an evaluation of the identified behavior(s) which includes recommendations for specific interventions with definable outcomes and strategies and, developed in accordance with N.J.A.C. 10:77-4.7.

(c) Behavioral assistance services shall include applying positive behavioral principles within community and culturally based norms to reduce undesirable behaviors and build appropriate behaviors that are rehabilitative and restorative in nature, resulting in durable and sustainable positive behavioral changes and improvement in functionality and quality of life. Behavioral assistance focuses on creating and sustaining environments that improve lifestyle changes by making problem behavior less effective and less relevant and the desired behavior more effective and relevant.

(d) Behavioral assistance services shall also include interaction and instruction, provided individually or in a group setting, with the child/youth or young adult's family and caregiver(s) to enable them to provide the necessary support to the child/youth or young adult to attain the goals of the service plan and sustain the positive behavioral changes and improvement in functionality and quality of life.

1. Behavioral assistance services provided in a group setting may be provided to the family member(s) and/or caregiver(s) of up to three children/youth or young adults in one session.

(e) Behavioral assistance services shall be clinically supervised, face-to- face behavioral healthcare interventions for children, youth, young adults and/or their families/caregivers in support of the child/youth or young adult that are designed to be rehabilitative and restorative in nature, with the goal of strengthening skills in a variety of life domains, including, but not limited to:

1. Physical and mental well being;
2. Interpersonal communications and relationships;
3. Social interactions;
4. Behavioral conduct;
5. Adaptive coping strategies and behaviors; and
6. Recreational/leisure activities.

(f) Behavioral assistance shall not include mentoring, tutoring, companionship, or other similar services which do not require clinical supervision, a plan of care, or behavioral assistance services in order to achieve the goals and objectives established in the child/youth or young adult's behavioral assistance service plan.

(g) Behavioral assistance services shall be provided either individually or in a group of up to three children/youth or young adults, as appropriate to the needs of the child.

10:77-4.7 Individualized behavioral assistance service plan

(a) Each beneficiary receiving behavioral assistance services shall have a documented individual behavioral assistance service plan that is based on an evaluation of the identified behavior(s) which includes recommendations for specific interventions with definable outcomes and strategies and delivered in a culturally competent, family friendly manner and implemented with sufficient intensity and precision to produce behavioral gains that have a significant and durable positive impact on the child's quality of life.

(b) All evaluations of identified behaviors shall be completed by professionals who have, at a minimum, a bachelor's degree in social work, counseling, psychology or psychiatric nursing and at least one year of experience in analyzing behaviors and designing behavioral assistance plans. Individuals performing the evaluations shall

function under the supervision of the clinical supervisor. All evaluations shall be approved by a licensed clinical professional prior to the implementation of the child/youth or young adult's behavioral assistance service plan. Licensed clinical professional staff are not precluded from performing these evaluations if they have the relevant experience and skills; however, if they need the assistance of a behavioral assistance specialist to assist in the review, the evaluator shall meet the standards described above.

(c) The evaluation analyzes the identified behavior(s) and includes recommendations for specific interventions with definable outcomes and strategies. The evaluation, whenever possible, shall focus on prevention and early identification of problem behaviors. The completed evaluation generates an individually tailored intervention plan that matches the functions of the problem behaviors and incorporates generally accepted professional intervention models.

(d) For those children/youth and young adults receiving care management organization (CMO) services, the evaluation of the identified behavior(s) and subsequent behavioral assistance plan shall be included as part of the child's Individual Service Plan (ISP) prepared by the Child/Family Team. For all other children receiving behavioral assistance services the plan of care shall be approved by the CSA or other agents designated by the Department of Human Services, prior to implementation. This plan of care shall include, at a minimum:

1. An evaluation of the identified behavior(s);
2. Defined and measurable goals and time frames as related to the goal;
3. Specific intervention techniques;
4. How the child/youth or young adult and his or her family/caregiver will access supportive services;
5. An implementation plan with provisions to train caregivers and other relevant parties who have regular contact with the child in environments where the behavior may be displayed in order to promote sustainability;
6. A process for ongoing monitoring and evaluation;
7. Quarterly progress reviews that include an onsite observation of the implementation of the plan; and
8. Ongoing monitoring/evaluation of the interventions that focus on determining the integrity with which the plan is delivered and the effectiveness of the plan in modifying the identified target behaviors through direct observation of the implementation of the plan.

(e) The evaluation of the identified behavior(s) shall be used in a proactive manner and shall focus on prevention and early intervention of problem behaviors to determine the variables that maintain, contribute to and/or reinforce problem behaviors.

(f) Each individual behavioral assistance service plan shall include specific interventions with definable outcomes, identified strategies, how those strategies will be implemented and by whom the strategies will be implemented, provisions to assure sustainability and normalization and a plan to monitor the defined interventions and evaluate the progress toward defined outcomes.

(g) Each individual behavioral assistance service plan shall incorporate the use of culturally sensitive assessments and interventions and shall be comprised of, at a minimum, interventions that consider the context within which the behavior occurs, address the functionality of the problem behavior and contains interventions that can be justified by outcomes that are acceptable to the child, the family and the child and family's environmental context.

10:77-4.8 Authorization for services

(a) Behavioral assistance services shall be provided only in conjunction with other treatment, rehabilitative and social support services as part of a coordinated and authorized plan of care as described in N.J.A.C. 10:77-4.7.

(b) Effective for dates of service on or after January 1, 2004, behavioral assistance services shall be prior authorized by the CSA.

(c) Service utilization and continuing care criteria shall be determined by the CSA or other agent(s) designated by the Department to review the progress of the child/youth or young adult toward achieving the goals as defined in the individual behavioral assistance services plan.

10:77-4.9 Staffing requirements

(a) Behavioral assistance services shall be provided directly by, or under the supervision of, individuals who are licensed clinicians, who, at a minimum, are licensed in a behavioral health field including, but not limited to, social work, counseling, psychology or psychiatric nursing and are authorized, within the scope of their practice, to assume responsibility for the provision or supervision of these services.

(b) Agencies providing behavioral assistance services shall designate an individual to function as the program supervisor. The program supervisor shall have, at a minimum, a Master's degree in an appropriate behavioral health field, two years post-graduate experience working directly with emotionally disturbed children and their families and one year of post-graduate administrative experience in an agency providing services to children.

(c) Agencies, group practices and other service providers providing behavioral assistance services shall assure that the individual rendering the service is provided

with appropriate clinical supervision. The individual providing clinical supervision shall be employed by the provider entity and shall be a licensed mental health professional, who shall have, at a minimum, a Master's degree in an appropriate behavioral health field and one year of experience in child welfare, children's mental health, special education, or a related public sector human services or behavioral health field working with at risk children and families. The person providing the clinical supervision must be clinically and culturally competent/responsive with training and experience necessary to manage complex cases in the community across child serving systems.

(d) The agency, group practices or other service provider entity must ensure that the evaluation of identified behavior(s) which includes recommendations for specific interventions with definable outcomes and strategies is provided in accordance with the requirements of N.J.A.C. 10:77-4.7.

(e) All direct care staff shall, at a minimum, have a high school diploma or equivalent, be 21 years old and have a minimum of one year relevant experience in a comparable environment and shall be supervised by appropriate clinical staff in accordance with this subchapter.

(f) All employees shall have a valid driver's license if his or her job functions include the operation of a vehicle used in the transportation of the children/youth or young adults. Transportation is not a covered behavioral assistance service.

(g) All employees having direct contact with and/or rendering behavioral assistance services directly to the beneficiaries shall be required to successfully complete criminal background checks.

10:77-4.10 Staff responsibilities

(a) The provider shall be responsible for supervising the overall daily management of all facets of the program, including, but not limited to, assuring:

1. That all provider policies and procedures appropriately reflect the needs of the individuals being served, are implemented according to the service model as described in this subchapter, and are adhered to and revised when necessary;
2. That provider policies and procedures are in place regarding the safety and well being of the individual receiving services when the transportation and care of the individual outside of the individual's place of residence is necessary;
3. That all services are provided within the context of the service description and the individualized behavioral assistance service plan;
4. That all service delivery hours are designed to meet the flexible needs of the families served;
5. That the clinical supervisor maintains a system of clinical recordkeeping and a monitoring system that includes, at a minimum, the provision for periodic case reviews

with all relevant staff, sign-off on progress notes, incident reports, and case plans and goals;

6. That monitoring of the completion and quality of progress notes for each case contact was done by all staff;

7. That the confidentiality of all records is maintained;

8. That the documentation of periodic performance reviews for all staff is in place;

9. That there is access to supervision of staff 24 hours a day, seven days per week by a licensed or credentialed mental health clinician;

10. That there is delivery of, and staff participation in, ongoing training programs, including staff development, that address the needs of the staff and of the children and families being served;

11. That the provider meets all MIS, Quality Assurance and outcome specifications for provider reimbursement, as provided by the DHS or the CSA; and

12. That criminal background checks are successfully completed on any employee who will have direct contact with children.

(b) Face to face clinical supervision shall be provided to the direct care staff for a minimum of one hour for every 40 hours worked. One hour of face-to- face clinical supervision shall be provided a minimum of once a month for those direct care staff who work less than 40 hours a month.

(c) The clinical supervision shall ensure that an evaluation of the identified behavior(s) which includes recommendations for specific interventions with definable outcomes and strategies is completed and individual service plans are developed in accordance with N.J.A.C. 10:77-4.7.

(d) Direct care staff shall not deliver behavioral interventions beyond their skills, experience and applicable State licensure/certification in accordance with applicable statutes and rules.

10:77-4.11 Reimbursement

(a) Reimbursement for behavioral assistance services shall be fee-for-service.

(b) All reimbursements shall be restricted to approved Medicaid/NJ FamilyCare providers and shall be subject to Medicaid/NJ FamilyCare regulations.

1. Behavioral assistance services rendered in a location which does not meet Title XIX (42 U.S.C. § 1396a) requirements as a reimbursable service site shall be reimbursed if it is a part of the approved treatment plan of the child/youth or young adult using the HCPCS code S5125. See N.J.A.C. 10:77- 7.2(c).

(c) Providers use the appropriate Healthcare Common Procedure Codes (HCPCS) for the service provided. See N.J.A.C. 10:77-7.2(c).

(d) A unit of service shall be defined as 15 consecutive minutes of face-to- face services provided to an individual. Non-consecutive shorter time periods may not be added together to total 15 minutes.

1. Time spent providing behavioral assistance services to a beneficiary while being transported shall be included in the units of service if a staff member other than the driver provided the therapeutic service while in the vehicle.

2. Non-therapeutic services, including, but not limited to, simple transportation, mentoring, respite care, educational tutoring, and non- therapeutic recreational activities shall not be reimbursed as behavioral assistance services by the Medicaid/NJ FamilyCare program.

3. Services shall be billed individually for each eligible member of a group receiving behavioral assistance services.

4. Reimbursement shall be provided for behavioral assistance services rendered to the child/youth or young adult's parent or caregiver as described in N.J.A.C. 10:77-4.6(d).

(e) Reimbursement for behavioral assistance services shall be provided in conjunction with other mental health rehabilitation services provided that each service is a distinct service with its own purpose, goal and expected outcome and is delivered in accordance with an approved plan of care.

(f) The provision of clinical supervision to the direct care workers shall not be separately reimbursed.

(g) Behavioral assistance services that are under the scope of a Direct Care staff shall not be reimbursed at an increased rate if delivered by a clinical staff person.

(h) If the professional providing clinical supervision or other licensed behavioral healthcare practitioner accompanies the direct care worker to a service delivery site for the purpose of providing separate and distinct services to another beneficiary at the same location, those separate and distinct behavioral assistance services shall be eligible for reimbursement at the base rate for the service.

10:77-4.12 Required records for each beneficiary

(a) Each provider entity shall maintain all records in accordance with Departmental contract rules (see N.J.A.C. 10:3) and in compliance with appropriate Federal and State laws, regulations and rules, including, but not limited to, N.J.A.C. 10:49-9.8.

(b) Providers shall keep such individual and legible records as are necessary to fully disclose the nature and extent of the services provided in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), P.L. 104-191, August 1996.

(c) Providers shall maintain any information required by the Department of Human Services, its designee, the contracted systems administrator or the care management organization for services rendered to a child enrolled in the Partnership for Children, including, but not limited to, the outcome measures listed in N.J.A.C. 10:77-4.10.

(d) Providers shall maintain the following data in support of all behavioral assistance services claims:

1. The name and address of the beneficiary;
2. The name and title of the individual providing the service;
3. The exact date(s), location(s) and time(s) of service;
4. The type of activity/service provided in accordance with the goals of the service plan; and
5. The length of face-to-face contact, excluding travel time to or from the location of the beneficiary contact.

(e) The provider shall maintain an individual service record for each child/youth or young adult which shall contain, at a minimum, the following information:

1. The dates of service and the number of care hours received;
2. The diagnosis provided with initial referral;
3. The reason for referral and involvement;
4. The individual behavioral assistance service plan;
5. Documentation of any and all crisis or emergency situations that occur during the provision of the services, including a summary of the corrective action taken and resolution of the situation; and
6. Weekly quantifiable progress notes toward defined goals as stipulated in the child/youth or young adult's BASP.

(f) All providers shall meet all Children's Initiative Management Information Systems (CI-MIS) specifications as provided by the contracted systems administrator (CSA) or other Department-designated agent.

(g) Providers shall make the records described in (a) through (f) available to the Department of Human Services, the Division of Medical Assistance and Health Services, the Division of Mental Health Services, the Division of Youth and Family Services, the contracted systems administrator, or other authorized State agents, as requested.

10:77-4.13 System outcomes

(a) A provider entity providing behavioral assistance services shall deliver those services in accordance with the child/youth or young adult's plan of care and shall participate in studies related to consumer satisfaction developed by the Department or

the contracted systems administrator.

(b) This information shall be made available on a regular basis to the Department and/or the contracted systems administrator.

(c) At a minimum, the provider entity shall maintain a record of the following information for each beneficiary for whom services are provided in a manner proscribed by the Department or its designated contract agent:

1. A complete service record as described in N.J.A.C. 10:77-4.12(e);
2. A record of services required other than behavioral assistance services;
3. Frequency of staff changes for each beneficiary;
4. Level of beneficiary satisfaction for each service; and
5. Degree of improvement in the beneficiary's ability to function at home, in school, in the community and/or on the job, as applicable.

10:77-4.14 General provider recordkeeping requirements

(a) To qualify for Medicaid/NJ FamilyCare reimbursement, approved Medicaid/NJ FamilyCare enrolled behavioral assistance providers shall retain, in a secure location, and in compliance with all applicable laws and regulations, confidential information related to the individuals providing or supervising the provision of behavioral assistance services and shall produce the information for the Department of Human Services, or any Department-authorized agents, in an orderly fashion on demand.

(b) For licensed clinical staff members of the agency, the following information shall be maintained:

1. Verified written documentation of the supervising licensed behavioral healthcare practitioner's credentials and any other adjunct staff involved with the direct administration and/or delivery of this service as appropriate, including, at a minimum:
   i. His or her current and valid license number authorizing him or her to practice in New Jersey and the state where services are delivered; and
   ii. Verified written documentation of his or her experience working with children; and
2. Updates or changes regarding all information required in (b)1 above. All such updates shall be forwarded to DHS by the provider within 10 days of receipt of the updated information. Updated information shall include, but not be limited to, additional continuing education units obtained, change of name and/or address, any action against licensure, and any criminal charges.

(c) For the direct care staff employed by the agency, the following information shall be maintained:

1. A copy of the direct care staff person's high school diploma or equivalent;
2. A copy of the direct care staff person's proof of age at the date of hiring;
3. Verified written documentation, including dates, of the direct care staff person's

relevant experience in a comparable in community environment;

4. Verified written documentation of the direct care staff person's successful completion of any Behavioral Health Assistance Rehabilitation Services training required by the Department of Human Services; and

5. Verified written documentation of the direct care worker's receipt of direct clinical supervision by a licensed behavioral healthcare practitioner in accordance with N.J.A.C. 10:77-4.10(b), including the total number of hours of supervision received.

(d) In addition to the specific records required to be maintained for specific staff, the following information shall also be maintained for all individuals providing or supervising the provision of behavioral assistance services:

1. A copy of his or her current valid driver's license, if driving is required to fulfill the responsibilities of the job; and

2. Verified written documentation of successful completion of a criminal background check conducted by a recognized and reputable search organization for all staff having direct contact with children.

END OF SUBCHAPTER 4

SUBCHAPTERS 5 AND 6 (RESERVED)

SUBCHAPTER 7. CENTERS FOR MEDICARE & MEDICAID SERVICES HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:77-7.1 Introduction

(a) The New Jersey Medicaid, NJ KidCare and NJ FamilyCare programs utilize the Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS). HCPCS follows the American Medical Association's Physicians' Current Procedural Terminology architecture, employing a five- position code and as many as two 2-position modifiers. CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical procedures and services performed by physicians. Unlike the CPT numeric design, the CMS assigned codes and modifiers contain alphabetic characters.

(b) HCPCS was developed as a three-level coding system:

1. LEVEL I CODES (narratives found in CPT): These codes are adapted from CPT for utilization primarily by physicians, podiatrists, optometrists, certified nurse-midwives, certified nurse practitioners/ clinical nurse specialists, independent clinics and independent laboratories. Copyright restrictions make it impossible to print excerpts from CPT procedure narratives for Level I codes. Thus, in order to determine those narratives, it is necessary to refer to CPT, which is incorporated herein by reference.
2. LEVEL II CODES: The narratives for Level II codes are found in this subchapter. These codes are not found in the CPT and are assigned by HCFA for use by physicians and other practitioners.
3. LEVEL III CODES: The narratives for Level III codes are found in this subchapter. These codes are assigned by the Division of Medical Assistance and Health Services to be used for those services which are unique to the New Jersey Medicaid, NJ KidCare or NJ FamilyCare programs.

(c) Regarding specific elements of HCPCS codes which require the attention of providers, the lists of HCPCS code numbers for rehabilitative services are arranged in tabular form with specific information for a code given under columns with titles such as "IND," "HCPCS Code," "MOD," "DESCRIPTION" and "MAXIMUM FEE ALLOWANCE." The information given under each column is summarized below:

1. "IND"--(Indicator) Lists alphabetic symbols used to refer provider to information concerning the New Jersey Medicaid program's qualifications and requirements when a HCPCS procedure code is used.
   i. A "P" indicates that prior authorization is required for that procedure code. A valid authorization number must be included on the claim form when seeking reimbursement for the provision of the service.
2. "HCPCS Code"--Lists the HCPCS procedure code numbers;
3. "DESCRIPTION"--Code narrative: Narratives for Level III codes are found at N.J.A.C. 10:77-4.2;

4. "MAXIMUM FEE ALLOWANCE"--Lists the New Jersey Medicaid/NJ KidCare/NJ FamilyCare programs maximum fee allowance schedule. If the symbol "B.R." (By Report) is listed instead of a dollar amount, it means that additional information will be required in order to properly evaluate the service. Attach a copy of the report to the claim form. If the symbol "N.A." (Not Applicable) is listed instead of a dollar amount, it means that service is not reimbursable.

5. "MOD" services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances are identified by the addition of a two-digit code following the HCPCS procedure number. The New Jersey Medicaid/NJ FamilyCare program's recognized modifier codes for behavioral assistance services are as follows:

HQ: Services provided in a group setting.

TJ: Program group, child and/or adolescent.

(d) Listed below are both general and specific policies of the New Jersey Medicaid program that pertain to HCPCS:

1. When filing a claim, the appropriate HCPCS Codes shall be used in conjunction with modifiers, when applicable;

2. The use of a procedure code shall be interpreted by the New Jersey Medicaid program as evidence that the provider personally furnished, as a minimum, the service for which it stands;

3. When billing, the provider shall enter onto a CMS 1500 claim form, a CPT/HCPCS procedure code as listed in CPT or in this subchapter;

4. Date(s) of service(s) shall be indicated on the claim form and in the provider's own record for each service billed;

5. The "MAXIMUM FEE ALLOWANCE" as noted with these procedure codes represents the maximum amount a provider can be reimbursed for the given procedure;

i. All references to time parameters shall mean the provider's personal time in reference to the service rendered unless it is otherwise indicated. These procedure codes are all-inclusive for all procedures provided during that time;

6. Written records in substantiation of the use of a given procedure code shall be available for review and/or inspection if requested by the Division; and

7. Certain listed procedures are commonly carried out as an integral part of a total service, and, as such, do not warrant a separate charge. When "Separate Procedure" is attached to a HCPCS/CPT description, indicating that a procedure may be carried out as a separate entity not immediately related to a specific service, separate charges for the procedure and reimbursement are applicable.

10:77-7.2 HCPCS procedure code numbers and maximum fee allowance schedule

(a) Environmental Lead Inspection Codes:

HCPCS Code	Description	Maximum Fee Allowance
Y 9733	Initial Inspection for Lead	$260.00
Y 9734	Reinspection for Lead	100.00

Qualifier: Limit of two reinspections per primary residence per family

(b) Mental Health Rehabilitation Services Codes:

Ind	HCPCS Code	Procedure Code Definition	Maximum Fee Allowance
	Y9933	Mental health rehabilitation services provided in non-JCAHO accredited residential treatment centers licensed as community psychiatric residences for youth licensed by the Division of Mental Health Services, under N.J.A.C. 10:37B	Contract pricing
	Y9934	Mental health rehabilitation services provided in therapeutic foster care facilities, licensed by the Division of Youth and Family Services, that contract with the Division of Mental Health services under N.J.A.C. 10:128.	Contract pricing
	Y9935	Mental health rehabilitation services provided in group homes (serving six to 12 children) licensed by the Division of Youth and Family Services, under N.J.A.C. 10:128.	Contract pricing
	Y9936	Mental health rehabilitation services provided in supervised transitional living homes licensed by the Division of Youth and Family Services, under N.J.A.C. 10:128.	Contract pricing
	Y9937	Mental health rehabilitation services provided in teaching family homes licensed by the Division of Youth and Family Services, under N.J.A.C. 10:128.	Contract pricing
	Y9938	Mental health rehabilitation services provided in treatment homes licensed by the Division of Youth and Family Services, under N.J.A.C. 10:128.	Contract pricing

Y9939	Mental health rehabilitation services provided in alternative care homes licensed by the Division of Youth and Family Services, under N.J.A.C. 10:128.	Contract pricing
Y9943	Mental health rehabilitation services provided in non-JCAHO residential child care facilities licensed by the Division of Youth and Family Services, under N.J.A.C. 10:127.	Contract pricing
Y9944	Room and board for mental health rehabilitation services provided in facilities under contract with the Division of Youth and Family Services, under N.J.A.C. 10:127 and 10:128.	Contract pricing
Y9945	Room and board for mental health rehabilitation services provided in facilities under contract with the Division of Mental Health Services, under N.J.A.C. 10:37B.	Contract pricing
Y9946	All other room and board for mental health rehabilitation services.	Contract pricing
Y9947	Mental health rehabilitation services provided in JCAHO accredited RTCs licensed by the Division of Mental Health Services, under N.J.A.C. 10:37B.	Contract pricing
Y9948	Mental health rehabilitation services provided in JCAHO accredited RTCs licensed by the Division of Youth and Family Services, under N.J.A.C. 10:127.	Contract pricing
Y9992	Therapeutic Leave for Rehabilitation Services provided in non-JCAHO accredited facilities under contract with DMHS	Contract pricing
Y9993	Therapeutic Leave for Room and Board Services provided in non-JCAHO accredited facilities under contract with DMHS	Contract pricing
Y9994	Hospital Leave for Rehabilitation Services provided in non-JCAHO accredited facilities under contract with DMHS	Contract pricing
Y9995	Hospital Leave for Room and Board Services provided in non-JCAHO accredited facilities under contract with DMHS	Contract pricing
Y9996	Therapeutic Leave for Rehabilitation Services provided in non-JCAHO accredited facilities under contract with DYFS	Contract pricing
Y9997	Therapeutic Leave for Room and Board Services provided in non-JCAHO accredited facilities under contract with DYFS	Contract pricing
Y9998	Hospital Leave for Rehabilitation Services provided in	Contract

			non-JCAHO accredited facilities under contract with DYFS	pricing
	Y9999		Hospital Leave for Room and Board Services provided in non-JCAHO accredited facilities under contract with DYFS	Contract pricing

(c) Behavioral Assistance Services Codes:

IND	HCPCS Code	MOD	Procedure Code Definition	Maximum Fee Allowance
P	H2014	TJ	Individual behavioral assistance services. (15-minute unit of service) ($39.00 per hour)	$9.75
P	H2014	TJ HQ	Group behavioral assistance services. Services are limited to those provided directly or in support of up to three children/youth or young adults. (15-minute unit of service)	Contract pricing
P	S5125	TJ	Individual behavioral assistance services in non-Title XIX eligible locations. (15-minute unit of service) ($39.00 per hour)	$9.75
P	S5125	TJ HQ	Small group behavioral assistance services in non-Title XIX eligible locations. Services are limited to those provided directly or in support of up to three children/youth or young adults. (15-minute unit of service)	Contract pricing

END OF SUBCHAPTER 7

APPENDIX

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages shall be distributed to providers and copies shall be filed with the Office of Administrative Law.

For a copy of the Fiscal Agent Billing Supplement, write to:

Unisys Corporation
PO Box 4801
Trenton, New Jersey 08650-4801

or contact:

Office of Administrative Law
Quakerbridge Plaza, Bldg. 9
PO Box 049
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